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ADI	ZONIA CVEATOR	Do. (Do.)	-	V
AN	ARIZONA STATE BOARD OF HEALTH			161
1. PLACE OF BIRTH	PUREAU OF	VITAL STATISTICS	prece 1.79 MO'-	
-42		TIPICATE OF BIRTH	Registered No	246
County	**************	State among	a_	
District or Township		or Village		******
CityTloke	. T. 7	or village		
	No. GI birth oc	D. T. CAST SIG	St.,	Ward
2. Full name of child Bessie W	100000	Description of manager	on, give its NAME instead of str	et and number)
2 6- 4 63 44 4	7	vicciamo	{ If child is not ye supplemental repo	t named, make
in areas of all UNLY	. Twist, triplet or other	6. Legitimate?		THE MICELLAN.
	No., in order of birth	" yes	7. Date of birth Sept. 25	1921
o	. Iv., in order or birth		Month Day	Year
FATHED		14.	MOTHER	
Full name Hopkin Pryor wi	el:	Full maiden name	anain Will	
9. Residence	- Juns	70	the Hinds	
(Usual place of abode)		15 Residence		
If non-resident, give place and state.	aris.	(Usual place of abode)	Flohe any	
10. Color or race	 	If non-resident, give	place and state/	' •
	(/	16 Color or race	1	
white 11. Age at last biret	iday 42 (Years)	wit		
	(1 cars)	ware.	17. Age at fast birthday	(Years)
12. Birthplace (city or place). 2		10 Dhathan		 -
(State or country)	rolina	18. Birthplace (city or pl	ace)	
		(State or country)	andor Jexas	
13. Occupation		19. Occupation		
Nature of industry Purish		Nature of Industry	1/	
	}	terime of months.	Housewife	
20. Number of children of this mother	1 (2) 72 11			
(Taken as of time of hinth of Allen	/m/ ~~ it with \$11	t now dead Mone	21. Were precautions taken thalmin neonatorum?	against oph-
certified and including this child.)	(c) Stillborn	21 TOWN GREAT POR PLA	We-	•
CERTIFIC	ATE OF ATTENDED	PHYSICIAN OR MIDWIF		
I hereby certify that I attended the birth of this c	hild, who was	m sewo!	3.11 / V	- -
*When there was no nearly a -s)	(В	orn alive or stillborn.)	m. on the date	above stated
	ignature	- Tic Ham	er m. d.	*
etc., should make this return. A stillborn child is one that neither breathes nor		, ,	The state of the s	
shows other evidence of life after birth. Given name added from	*****************	J-7 y	ercan	****
a supplemental report	Address	400	(Physician or midwif	e).
Manual A.	Address	- Gue	ary.	· .
2. 62 - 925 - 282	Piled 9	30 .26	101 Tan 11.	
Registrar	• • • • • • • • • • • • • • • • • • • •	· C	W. VLW. / You	et
			Regi	istrar

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